

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>09352570</i>	FILING DATE				
						APPLICANT(S)					
						CLAIMS					
AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.
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48					98						
49					99						
50					100						
TOTAL IND.			/								
TOTAL DEP.			3								
TOTAL CLAIMS			4								